

Archives Inventory

Date:

Survey Compiler/s:

Collection Name:

Donor/Donor Date, if Known:

Location:

Volume: *(In cubic feet)*

Description of Collection:

Arrangement:

- ☐ Alphabetical by Name
- ☐ Alphabetical by Subject
- ☐ Chronological
- ☐ Geographically
- ☐ Numerical
- ☐ Unorganized

Comments:

Medium:

- ☐ Paper (Original)
- ☐ Photocopies
- ☐ Photos
- ☐ Scans
- ☐ Newspaper
- ☐ Computer Disk/CD
- ☐ Audio Disk/Tape
- ☐ Video Tape/DVD
- ☐ Other *(list)*

Date of Materials: *(To Nearest Decade, if known)*

Overall Collection Condition:

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Disrepair

Comments:

Duplicate: *(Available in another Area)*

- ☐ Yes
- ☐ No

Where:

Creator/Originating Agency:

- ☐ Individual/Personal
- ☐ Local Area
- ☐ Local Government
- ☐ State Government
- ☐ Federal Government

Salvage Priority:

- ☐ Low
- ☐ Medium
- ☐ High

Comments:

Corresponds with Current Collection Policy:

- ☐ Yes
- ☐ No

Comments:

